

BASKETBALL REGISTRATION

2011-2012 Season

**WHERE
& WHEN:**

Dublin Elementary School

Wednesday, October 5, 12 & 19, 2011 6 p.m. until 8 p.m.

COST: \$25.00 (clinic ages 5 – 6) Boys & Girls
\$60.00 (ages 7 – 15, first child)
\$50.00 (each additional child in same family; brother or sister)
Maximum Family Rate: \$140.00



Make Checks Payable To: Dublin-Darlington Recreation Council

Registration fees are non-refundable unless the program is
Cancelled by the Dublin-Darlington Recreation Council, Inc.



SPACE IS LIMITED - SIGN-UP EARLY.

Teams play in the Northern Harford League.

All practices are on weeknights (days/times to be assigned).

Games are on Saturdays, beginning in December. Practice begins in November.

Clinic (5-6) does not travel; all other age groups will travel.

Clinic begins on Thursday, January 5, 2011 at 5:30 p.m.

For more information please contact Volunteer Chairman

Earl Lee at 410-836-3439 after 5:00 p.m.

Child's Name: _____ Age _____ Date of Birth _____

☐ Male ☐ Female

Address: _____ Zip: _____

Parents' Name: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Has your child played team basketball before? ☐ Yes ☐ No

Is there a day your child can't participate? ☐ M ☐ T ☐ W ☐ Th ☐ F

Any special considerations and/or medical conditions coaches should be made aware of?

By my signature below, I hereby permit my child/ward named above to play in the Dublin-Darlington Youth Basketball Program. I will not hold the officers of the Dublin-Darlington Recreation Council, Dublin-Darlington Recreation Youth Basketball, nor the volunteer coaches responsible for any injuries sustained by my child/ward while participating in the program, including transportation to and/or from scheduled practices and games. I also understand that Dublin-Darlington Youth Basketball does not offer medical insurance and that I am liable for the costs of any medical services required as the result of any injury sustained by my child/ward during participation in this program. I also certify by my signature that my child/ward is physically fit to participate in this program. My child and family will abide by the Dublin-Darlington Recreation Council Code of Conduct (refer to copy on reverse side.)

Parent/Guardian Signature: _____ Date: _____

I wish to donate time to help with: ☐ coaching ☐ game day coverage ☐ fund raising ☐ other

The sale or use of tobacco in any form is prohibited in schools and on school grounds. Failure to comply with this request will subject the individual and/or group to revocation of their permit to use said facility. The Department of Parks and Recreation encourages the participation of individuals with disabilities. If accommodations are needed, contact Mike Watkins at 410-638-4899 or Maryland Relay at "711." Please give at least two weeks notice. This document is available in an alternative format upon request.